

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.B	895	7/31/01
RESPONSE FORMALITY REVIEW	BE	897	08-28-01
	BE	897	06-05-02
			11-06-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... C ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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52/1900  
 07/11/01  
 804  
 06/06  
 832  
 11/27/02